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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

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COT IT DM 1: 37

	For An Authorized Committee			13001 5 office use only	
.1. NAME	OF ITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Friends of Chris Murphy					
ADDRESS (number and street)	P.O. Box 127			
L_ tha	eck if different an previously ported. (ACC)	Cheshire		CT 06410	1-[:::
2. FEC ID	DENTIFICATION N	IUMBER ▼	CITY	STATE A	ZIP CODE
C	C00492645	3.	IS THIS NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT CT 00
	OF REPORT (Clarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quarter January 31 Year-E Termination Report	Report (Q1) Report (Q2) erly Report (Q3) and Report (YE) (c)	Primary (12P) Convention (12C) Election on General (30G) Election on	General (12G) Special (12S) Y Y Y Y Runoff (30R)	in the State of Special (30S) in the State of S
5. Covering Period 07 / 01 / 2013 through 09 / 30 / 2013					
Type or Print Name of Treasurer Janica Kyriacopoulos Signature of Treasurer Janica Kyriacopoulos Date Min / Disp / Yilling / Disp					
Of U	fice lse nly			FE	C FORM 3 vised 02/2003)